

# CHILDREN'S REACTION TO **TRAUMA**



AN INFORMATIONAL  
BROCHURE FOR ADULTS  
COPING WITH A CHILD'S  
RESPONSE TO A  
TRAUMATIC INCIDENT

Trauma refers to an experience that is emotionally painful, distressful, or shocking, which may result in lasting mental and physical effects. Trauma can change the way children view their world. Assumptions about safety and security are challenged. Children's reactions will depend upon the severity of the trauma, their personality, the way they cope with stress and the availability of support. It is common for children to regress both behaviorally and academically following a trauma. Emotional injury resulting from a traumatic incident is essentially a normal response to an extreme or abnormal event. There is no specific time period during which a child will react to a traumatic incident; reactions may appear immediately after the event or days, weeks, or even years later.

A child's reaction to a traumatic incident will involve not only the impact of the catastrophe on his/her life, but also a sense of crisis over the parents' reactions. Thus, how parents respond to a traumatic event strongly influences their child(ren)'s ability to recover from the event.

A child is likely to experience an overwhelming amount of stress following a traumatic incident. Most of the problems that manifest themselves during this time are directly related to the incident and are transitory in nature. It is helpful for parents to be aware of potential reactions their child may have; this will allow them to be better prepared to accept the behaviors of the child in the aftermath of a traumatic incident. Recognizing a child's individual coping style enables caregivers to better support their needs and reinforce their coping strengths.

When those closest to a child are able to show that they understand the child's feelings, the intensity and duration of the child's reactions are likely to decrease more rapidly. The parents' understanding and support will allow the child to redevelop his/her ability to cope.

Most parents have the ability to help their child overcome fears and anxieties that manifest themselves following a traumatic incident. However, it is best to keep in mind that when a parent or adult feels that they are unable to cope with the situation, there are other means to assist the child. Parents may want to explore the kinds of assistance that are available in the community through government, religious and private agencies.

Most children are able to cope with psychological stress with the help of parents and other caring adults. However, some children may be at risk of more extreme reactions because of personal circumstances. Symptoms may differ depending on age. Adults should contact a professional if children exhibit significant changes in behavior or any of the following symptoms over an extended period of time.

### **Preschool: Five Years Old and Younger**



Children this age cannot understand the concept of permanent loss. They believe that consequences are reversible. This age group is particularly affected by parents' reactions to a traumatic event. Parents may notice children returning to behaviors exhibited at earlier ages; this is known as regressive behavior. They may experience:

- Anxious attachment behaviors toward caretakers, including the fear of being separated from the parent and excessive clinging.
- Sleep disturbances, particularly nightmares. A child may not want to sleep alone or may wish to keep the light on.
- Immobility accompanied by trembling and frightened expressions.
- Regressions in physical independence such as refusing to dress, feed or wash themselves, forgetting toilet training, and bed-wetting.
- Additional regressions in behavior such as thumb sucking, whining and loss of acquired speech.
- Repeated periods of sadness.
- In addition, they may engage in reenactments and play about the traumatic event.

### **Elementary School Age: Six to Eleven Years Old**



- Regressive behaviors are common. Children may revert to previous developmental stages.
- They may find it difficult to concentrate in school, and may even refuse to attend school.
- They may complain of stomach aches or other bodily symptoms that have no medical basis.
- Depression, anxiety, feelings of guilt and emotional numbing are often present.
- They may have difficulty controlling their own behaviors.
- Outbursts of anger, fighting, and other disruptive behaviors can occur.
- Sleep problems, perhaps nightmares, may persist.
- They may show extreme withdrawal from surroundings as well as a withdrawal of trust from adults.

## Adolescence: Twelve to Seventeen Years Old



- There may be a tendency to become more childlike in attitude.
- They may be very angry at the unfairness of the traumatic incident.
- They may try to avoid reminders of the traumatic event.
- They may also try to suppress thoughts and feelings to avoid confronting the event.
- They may have a sense that their existence is meaningless or purposeless.
- They may feel anger, shame, and betrayal, and act out their frustrations through rebellious actions in school.
- Extreme guilt over their failure to prevent injury or loss of life could be present.
- Withdrawal and isolation are common.
- They may be judgmental about their own behavior and the behavior of others.
- They may exhibit responses similar to adults in their post-traumatic stress reactions such as flashbacks, nightmares, and emotional numbing.
- Eating and sleeping disorders may develop.
- Depression and substance abuse may occur.
- Because they survived the trauma, they may feel immortal, leading to reckless behavior and dangerous risk taking.

## CHILDREN & DEATH

Losing a loved one is never easy. Children may find it difficult to understand the concept of death and to process their feelings of grief. The following list includes suggestions on how adults can talk about death with children and help them with their grief.

- Have a parent tell the child.
- Assure the child that he/she is loved and is not alone.
- Be completely honest.
- Give the child permission to figure out what has happened for themselves.
- Encourage the child to remember and talk about the person who is gone.
- Explain the funeral and burial process in honest terms and include the child in whatever way you can.
- Correct any magical thinking such as, "I wish they were dead," and then the person dies.
- Encourage the child to ask questions.
- Always put yourself on his/her level.

After a traumatic incident, the family is the primary source of support for children. Find ways to protect children from further harm and from further exposure to traumatic stimuli. If possible, create a safe haven for them. Protect children from onlookers and the media covering the story. Parents and other caring adults can assist children by:



- Explaining the traumatic episode as fully as possible, never minimizing the event.
- Encouraging children to express their feelings and listening without passing judgment. Help younger children learn to use words to express their feelings. Just be sure the words fit their own feelings – not yours.
- Not forcing discussion of the traumatic event.
- Letting children and adolescents know that it is normal to feel upset after something bad happens.
- Allowing time for them to experience and talk about their feelings.
- Gradually returning to a routine at home.
- Making sure children are getting proper nutrition and enough rest.
- If behavior at bedtime is a problem, giving the child extra time and reassurance and allowing a nightlight for a limited time if necessary.
- Telling the child where you are going when you must leave and making sure to return or check in at the time you say you will.
- Assuring fearful children that you will be there to take care of them.
- Reassuring children and adolescents that the traumatic event was not their fault.
- Not criticizing regressive behavior or shaming the child with words like “babyish.”
- Allowing children to cry or be sad. Do not expect them to be brave and tough.
- Encouraging children and adolescents to feel in control by letting them make some decisions about meals, what to wear, etc.
- Staying together as a family as much as possible.
- Developing positive anniversary activities to commemorate the event. These events may bring tears, but they are also a time to celebrate survival and the ability to get back to a normal life.
- Taking care of yourself so you can take care of the children.

## Media Coverage

Following a disaster, everyone is eager to hear the latest news about what happened. However, disaster research has shown that unexpected messages or images on television are frightening, causing a reappearance of stress-related problems. In addition, anyone who watches the disaster coverage can become what is called a “secondary victim” and can suffer emotional and physical problems. It is important to keep these factors in mind when determining what your child watches on television.

**Casualty Assistance (OCA)**

United States Department of State

OCA provides assistance and support following the death of a direct hire U.S. citizen DOS employee serving abroad or their family member, or of a DOS employee in the United States. OCA also offers support to all USG employees serving under Chief of Mission authority and their family members, and DOS employees in the United States who are victims of terrorism, mass casualty, or certain other critical incidents.

Telephone: (202) 736-4302

E-Mail: [oca@state.gov](mailto:oca@state.gov)

**Employee Consultation Services (ECS)**

United States Department of State

ECS provides U.S. Government employees assigned to embassies and consulates abroad and their family members, and Department of State and USAID employees in the United States confidential counseling and referral to mental health professionals and support groups to help them through the grieving process.

Telephone: (202) 663-1815

E-Mail: [MEDECS@state.gov](mailto:MEDECS@state.gov)

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**Psychosocial Issues for Children and Adolescents in Disasters**

**U.S. Department of Health and Human Services**

**DHHS Publication No. ADM86-1070R (Revised)**

<http://www.mentalhealth.org/publications/allpubs/ADM86-1070/default.asp>  
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**American Red Cross**

**Helping Young Children Cope with Trauma**

**ARC 1303, September 2001**

[http://lowershore.redcross.org/helping\\_children\\_cope\\_with\\_traum.htm](http://lowershore.redcross.org/helping_children_cope_with_traum.htm)

**Frank Zenere, EdS, Crisis Management Specialist, Miami-Dade Public Schools**

**National Association of School Psychologists**

**How Children Cope with Trauma and Ongoing Threat: The BASIC Ph Model 2004**

<http://www.nasponline.org/crisisresources/ongoingthreat.html>

**NASP Center**

**Children's Reaction to Trauma: Suggestions for Parents 1998**

[http://www.naspcenter.org/crisis\\_safety/trauma.html](http://www.naspcenter.org/crisis_safety/trauma.html)

**Federal Emergency Management Agency**

**After a Disaster: How to help Child Victims 2004**

[http://www.fema.gov/kids/tch\\_aft.htm](http://www.fema.gov/kids/tch_aft.htm)



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